

Clinical Cases.

A MORAL IMBECILE.

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In presenting the present case I simply wish to call attention to certain features of forensic importance. Mrs. T., Irish-Celt, was an intelligent, well-behaved, and for her station, refined wife and mother, up to an attack of typhus fever attended by a high temperature and delirium. Subsequent to recovery from this there were observable a coarseness not present before and a tendency to malicious mischief toward her husband, whose sense of propriety she took an especial delight in outraging. She indulged in sprees, not because she liked alcohol, but because the sprees by the shock they gave her husband gave her an intense pleasure. Her conduct was so demonstrably outrageous, that even the very obtuse Illinois juries, which try the insane as if they were criminals, readily adjudged her insane, but this diagnosis was based simply on her acts, which were totally out of accord with her surrounding, and of such a seemingly immoral character as to be ordinarily called simply wickedness. When she first came under my observation, my attention was attracted to her by the fact that she clearly realized the nature of every act she committed, but as she had been badly treated by the political attendants with whom she was brought in contact she was distrustful, since they treated her, as the world does such cases, as a criminal worthy of punishment.

Her own description of her case at the time I last examined her is as follows : She is insane, a thief, and a liar, and from the "nature of her mind" she believes it all to be a disease, capable of treatment by medicine, and asks to be cured. She says that sometimes she has "weak spells of mischief," which she can control if people do not look down on her and treat her as a "bad woman."

She is very witty at times. At one time she took a great delight in soiling my clothing and pulling my whiskers, but later explained that she had "a great power on her to do this." The "will part of her mind was weak," but my kindness and "doctor's talk about her insanity" made it stronger when she had only "weak spells of mischief."

Her "strong spells" come on suddenly like "fits of the falling sickness"; she "knows what she is about" but "can't help it." These "spells" are preceded by a "dull head" and then she knows the "power of the strong spells" is coming on. She "does not hear voices nor any nonsense of that kind" but this "power of the strong spells" comes on her in "thoughts," which have a power over her like the "fits do over people in the falling sickness."

While it is obvious that she acts under the influence of imperative conceptions, the acts so performed are somewhat complicated. Thus she would quietly take her window from its frame and noiselessly put it over the transom of her room door, suspending it by a sheet. By the time the attendant could reach the room she would be in bed apparently asleep. At nine o'clock one night she took a new pail noiselessly apart and placed its staves on the transom of her room, balancing them adroitly.

She has, according to her own account, "strong spells of secret love," when she smashes windows to feel "happy" from seeing the blood run from her cut fingers. It is obvious that these are erotic attacks. When these come on she uses obscene language if she can't smash glass and see the blood run. She is healthily depressed after these attacks, from a sense of shame, for her old modesty comes to the surface at times and, for the time being, dominates her.

I have designated this a case of moral imbecility, and have so likened it to the psychoses which are secondary to the essential fevers.

The points of forensic interest are :

First—The imperative and complicated nature of the acts performed.

Second—The recognition of their immoral nature by the patient, who also recognized their imperative character.

Third—The fact that these acts were of so demonstratively an insane character as to convince, despite their immoral nature, even an Illinois insane trial jury of the patient's insanity.

The psychiatric interest of the case, does not lie so much in the fact of the rarity of such a case as it does in the patient's intellectual analysis of her mental condition, and the powers of observation she displayed in her comparison of her mental condition to that of the patients around her.